

EXHIBIT “A”

ABS-7 (5/11) Page 1 of 2 Pages

New York State Department of Motor Vehicles

POLICE ACCIDENT REPORT

MV-104A (6/04)

SPFF29000082

☒ AMENDED REPORT

DMV COPY

1		Accident Date Month 02 Day 14 Year 2013		Day of Week Thu	Military Time 14:36	No. of Vehicles 2	No. Injured 1	No. Killed 0	Not Investigated at Scene <input type="checkbox"/>		Left Scene <input type="checkbox"/>	Police Photos <input type="checkbox"/>	19 7																
2		VEHICLE 1 VEHICLE 1 - Driver License ID Number 491879925 Driver Name - exactly as printed on license RAILO, CAITLIN H Address (Include Number & Street) 5 WHITE ST APT 2 City or Town PORT JERVIS State NY Zip Code 12771				VEHICLE 2 <input checked="" type="checkbox"/> BICYCLIST <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN VEHICLE 2 - Driver License ID Number 133478177 Driver Name - exactly as printed on license MAHER, JUSTIN T Address (Include Number & Street) 1 FIFTH STREET City or Town CODEFROY State NY Zip Code 12729							20 6																
3		Date of Birth Month 08 Day 12 Year 1981 Sex F Unlicensed <input type="checkbox"/> No. of Occupants 2 Public Property Damaged <input type="checkbox"/>				Date of Birth Month 04 Day 28 Year 1993 Sex M Unlicensed <input type="checkbox"/> No. of Occupants 1 Public Property Damaged <input type="checkbox"/>							21																
4		Name - exactly as printed on registration QUALITY BUS SERVICE, LLC. Sex C Date of Birth Month 04 Day 28 Year 1993				Name - exactly as printed on registration MAHER, JUSTIN T Sex M Date of Birth Month 04 Day 28 Year 1993							22																
5		Address (Include Number & Street) 504 RT 42 PO BOX 600 City or Town SPARROWBUSH State NY Zip Code 12786				Address (Include Number & Street) 1 FIFTH STREET City or Town CODEFROY State NY Zip Code 12729							23 8																
6		Plate Number 55171BA State of Reg. NY Vehicle Year & Make 2003 FRHT BUS				Plate Number 6CM1437 State of Reg. NY Vehicle Year & Make 1995 HOND 2DSD							24 5																
7		Ticket/Arrest Number(s) M2121MV3B5 Violation Section(s) 11924C				Ticket/Arrest Number(s) Violation Section(s)							25 3																
8		Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.				Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.							26 1																
9		VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more Damage Codes				VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more Damage Codes							27 1																
10		Vehicle By HOCKENBERRY'S Towed To HOCKENBERRY'S				Vehicle By HOCKENBERRY'S Towed To HOCKENBERRY'S							28 1																
11		VEHICLE DAMAGE CODING: 1-13. SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER				See the second page for the accident diagram							29																
12		Reference Marker 2 0 9 8 3 0 1 2 0 3 2				Coordinates (if available) Latitude/Northing: 530848 Longitude/Easting: 4585172							30																
13		Place Where Accident Occurred: County ORAN <input type="checkbox"/> City <input type="checkbox"/> Village <input checked="" type="checkbox"/> Town of DEERPARK, TOWN OF				Road on which accident occurred PEENPACK TRL. (Route Number or Street Name) at 1) intersecting street ROUTE 209 (Route Number or Street Name) or 2) _____ Foot Miles of _____ (Milepost Nearest Intersecting Route Number or Street Name)							31 N																
14		Accident Description/Officer's Notes VI NORTH ON STATE 209 AND MAKES A LEFT TURN ONTO PEENPACK TRAIL IN FRONT OF V2 WHICH WAS TRAVELING SOUTH ON STATE ROUTE 209. WITNESSES STATE THEY OBSERVE VI STOP ON STATE 209 THEN BEGIN TURNING LEFT ONTO PEENPACK TRAIL FAILING TO YIELD RIGHT-OF-WAY TO V2. WITNESS LYLE VANDUNK STATES V2 WAS APPROXIMATELY 50 YARDS NORTH OF PEENPACK TRAIL JUST PRIOR TO VI TURNING LEFT. - WITNESS I VANDUNK,												32															
15		ALL INVOLVED B. 9 10 11 12 13 14 15 16 17 BY TO 18 Names of all involved Date of Death Only												33															
16		A 01 1 4 I 31 F - - - - - RAILO, CAITLIN H												34															
17		B 02 1 X I 19 M 12 X 2 9993 5905 MAHER, JUSTIN T												35															
18		C 01 3 I I 11 F - - - - - DONLEY, KIARA												36															
19		D												37															
20		E												38															
21		F												39															
22		Officer's Rank and Signature Trooper [Signature]				Badge/ID No. 3823				NCIC No. 13501				Precinct/Post Troop/Zone F2				Station/Beat/ Sector 21				Reviewing Officer SMITH, DANIEL				Date/Time Reviewed 04/15/2013 21:18			

This is to certify that this document is a true and complete copy of a record on file in the New York State Department of Motor Vehicles, Albany, New York.

Barbara J. Tula
COMMISSIONER OF MOTOR VEHICLES

ABS-7 (5/11) Page 2 of 2 Pages

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POLICE ACCIDENT REPORT

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Local Codes
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AMENDED REPORT

1	Accident Date Month Day Year 02 14 2013	Day of Week Thu	Military Time 14:36	No. of Vehicles 2	No. Inj 1
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2	VEHICLE 1 - Driver License ID Number		State of Lic.	VEHICLE 2 - License ID N	
	Driver Name - exactly as printed on license			Driver Name as printed on	
	Address (Include Number & Street)		Apt. No.	Address (In	
	City or Town		State	Zip Code	City or Town

3	Date of Birth Month Day Year	Sex	Unlicensed <input type="checkbox"/>	No. of Occupants	Public Property Damaged <input type="checkbox"/>	Date of Rpt Month
	Name - exactly as printed on registration		Sex	Date of Birth Month Day Year	Name - exa	
	Address (Include Number & Street)		Apt. No.	Haz. Mat Code	Released	Address (I

4	City or Town	State	Zip Code	City or To
	Plate Number	State of Reg.	Vehicle Year & Make	Vehicle Type

5	Ticket/Arrest Number(s)	Ticket/Ar Number
	Violation Section(s)	Violatio Section

6	Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.		Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension per	
7	VEHICLE 1 DAMAGE CODES		VEHICLE 2 DAMAGE CODES	
	Box 1 - Point of Impact	Box 2 - Most Damage	Box 1 - Point of Impact	Box 2 - Most Damage
	Enter up to three more Damage Codes		Enter up to three more Damage Codes	
	Vehicle By Towed To		Vehicle By Towed To	

VEHICLE DAMAGE CODING:

1-13. SEE DIAGRAM ON RIGHT.

14. UNDERCARRIAGE 17. DEMOLISHED
15. TRAILER 18. NO DAMAGE
16. OVERTURNED 19. OTHER

Cost of repairs to any one vehicle will be more than \$1000.

☐ Unknown/Unable to Determine ☐ Yes ☐ No

Reference Marker	Coordinates (if available)	Place Where Accident Occurred:
2 0 9	Latitude/Northing: 530848	County ORAN <input type="checkbox"/> City <input type="checkbox"/> Village <input checked="" type="checkbox"/> Town of DEERPARK, TOWN OF
8 3 0 1	Longitude/Easting: 4585172	Road on which accident occurred PEENPACK TRL (Route Number or Street Name)
2 0 3 2		at 1) Intersecting street ROUTE 209 (Route Number or Street Name)
		or 2) <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of (Milepost, Nearest Intersecting Route Number or Street Name)

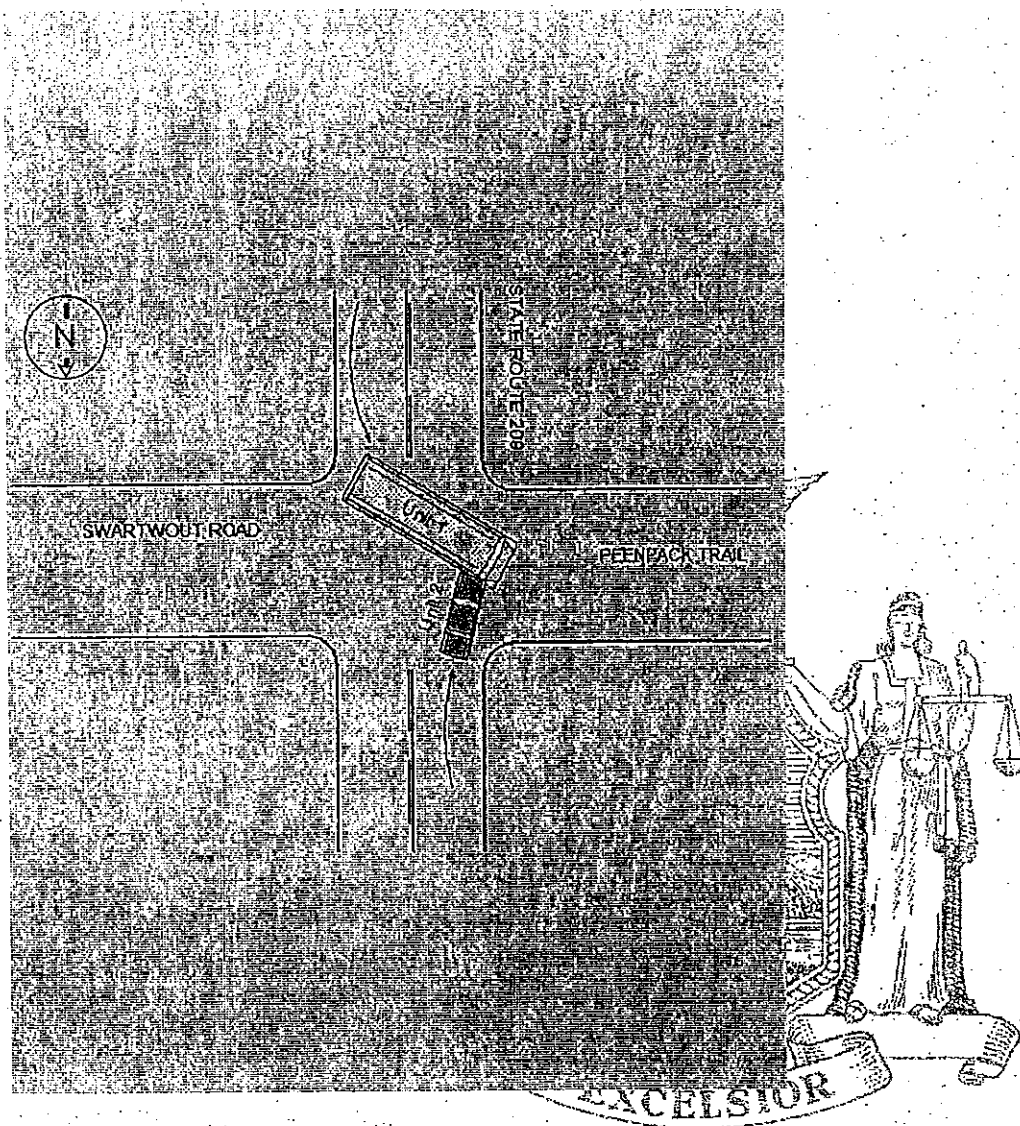
Accident Description/Officer's Notes
LYLE 379 RINGWOOD AVENUE WONAGUE NJ 07465 2017095825 - WITNESS 2 STARR, WILLIAM 30 JONES ROAD PINE BUSH NY 8456996879

ALL INVOLVED	8	9	10	11	12	13	14	15	16	17	BY	TO	18	Names of all involved	Date of Death Only
A															
B															
C															
D															
E															
F															

Officer's Rank and Signature Trooper <i>[Signature]</i>	Badge/ID No. 3823	NCIC No. I3501	Precinct/Post Troop/Zone F2	Station/Beat/ Sector 21	Reviewing Officer SMITH, DANIEL	Date/Time Reviewed 04/15/2013 21:18
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